

87 Nepperhan Ave
Room 212
Yonkers, NY 10701

CITY OF YONKERS
SECOND HAND AUTO DEALER
LICENSE APPLICATION

Phone: 914-377-3000
Fax: 914-377-6811
Website:
www.YonkersNY.gov

INSTRUCTIONS FOR USING THIS FORM

Please Note:

If the required supporting documents are not submitted with the application, it will result in the delay and/or denial of the application.

Requirements:

1. Application and Police Department Affidavit must be signed by the applicant before a Notary Public.
2. If applicant is a member of a partnership or sole proprietor of the business and it is located within the County of Westchester, a copy of the Business Certificate obtained from the County Clerk (995-2000) of Westchester County must be provided. If applicant is a corporation, copy of Certificate of Incorporation or filing receipt must be submitted.
3. Application must be submitted with a copy of a minimum of \$5,000 License/Permit Bond, executed by a duly authorized Surety Company, and made payable to the State of New York Department of Motor Vehicles.
4. Return all required documents to the Office of Licensing/Consumer Protection, who shall forward application to the Yonkers Fire Department and Department of Housing and Building.
5. Provide a copy of a valid NYS Driver's License issued by the Motor Vehicle Department. If you do not have NYS Driver's License, a copy of a Motor Vehicle issued NY State ID Card is required.
6. Application must be submitted with a copy of the New York State Certificate of Authority for Sales Tax. If you do not have this certificate you should call the Department of Taxation & Finance at (914) 933-2204.
7. Provide a copy of current Certificate of Occupancy issued by the City of Yonkers Dept. of Housing & Building
8. NYS Motor Vehicle License Number must be listed on application. If you do not have one, you must contact the NYS DMV Bureau of Consumer and Facility Services Application Unit at (518) 474-0919.
9. Make checks payable to the City of Yonkers.

LICENSING FEES AND EXPIRATION DATE

\$300.00/1 year term
License expires December 31st, following date of issuance.

INFORMATION FOR ALL OWNERS, PARTNERS, CORPORATE OFFICERS

NAME	ADDRESS	SOCIAL SECURITY #	PHONE #

License #: _____

Date Issued: _____

Philip A. Amicone, Mayor
Office of Municipal Code Violations Frank J. McGovern, Executive Director
Consumer Protection Bureau Kerry O'Brien, Director

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Pursuant to the provisions of the Code of the City of Yonkers, I the undersigned respectfully petition for the below-listed license in the City of Yonkers, and for that purpose, I hereby provide the following answers to the questions contained herein.

Name:		Social Security #:		
Address:				
City:		State:		Zip:
Home Phone #:		Cell #:		E-mail:
Date of Birth:	Sex:	Height:	Hair Color:	Eye Color:
Are you a citizen of the United States?				
If not, please provide a copy of your INS A Card and #:				
Type of Business (if incorporation, please state):				
Address:		State:		Zip:
Telephone:		E-mail:		
Have you ever been arrested or convicted of a crime?				
If yes, explain:				

Name of premises to be licensed as a dealership: _____
Address: _____ Telephone: _____
NYS Motor Vehicle License Number: _____
Is property owned or leased by applicant? _____
If leased, give names and addresses of owners: _____
Has applicant ever had a previous license? _____ If yes, what type of license: _____
Has applicant ever had a license denied or revoked? _____
If yes, provide explanation: _____

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I, _____, being duly sworn, deposes and says that all of the answers in the foregoing application are true, and that the photographs attached hereto were taken within thirty (30) days of the date of this application.

Signature/Date: _____ Print name: _____

Notary Public

Philip A. Amicone, Mayor
Office of Municipal Code Violations Frank J. McGovern, Executive Director
Consumer Protection Bureau Kerry O'Brien, Director



City of Yonkers
POLICE DEPARTMENT
104 South Broadway
Yonkers, New York 10701
377-7235

STATE OF NEW YORK)
COUNTY OF WESTCHESTER) SS:
CITY OF YONKERS)

I, _____,

Being duly sworn, depose and state that I am _____ years of age, being born on the
_____ day of _____, 20____, in the City/Town/Village of _____
_____, in the State of _____.

I presently reside at _____,
in the City/Town/Village _____,
State of _____, with my _____.

I am presently employed as a _____,
by _____.

I do hereby solemnly swear under oath that I have never been arrested or convicted of
any crime, anywhere or at any time.

I make this statement with full knowledge that if same is not the truth, I will be liable
to the criminal charge of perjury for giving false information.

Signed: _____

Witness: _____

Witness: _____

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, 20____.
